



## Crosslands Surgery

[www.crosslandssurgery.co.uk](http://www.crosslandssurgery.co.uk)

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### GP Partnership:

Dr David Mendel  
Dr Jonathan Bevan  
Dr Aparna Bevan  
Dr Nadeem Ahmed

### Practice Manager:

Ms Bobby Bahra

## PATIENT PARTICIPATION GROUP MEETING

**Crosslands Surgery, 1 Crosslands Avenue, Southall, Middlesex UB2 5QY**

**25.06.25 at 6pm**

### PRESENT:

Bobby Bahra – Practice Manager  
Sudarshan Kaur – Reception Manager  
Dr D Mendel – GP Partner  
Dr N Ahmed - GP Partner  
Dr J Bevan – GP Partner  
Dr A Bevan

Patient 1  
Patient 2  
Patient 3  
Patient 4  
Patient 5  
Patient 6  
Patient 7

### APOLOGIES:

Patient 8  
Patient 9  
Patient 10  
Patient 11

### DID NOT ATTEND

Patient 12  
Patient 13

### WELCOME

Bobby welcomed everyone to the meeting and thanked them for their time in joining. The patient participation group currently consists of 157 patients. All new patients at the practice are given the option of being part of this group. The group members were invited via text message out of which 13 patients responded to the invite. There were new members present at the meeting and therefore the purpose of having a patient participation group was explained to those new to this group – discussion of new services the practice is providing and gaining feedback and suggestions for ways of improvement for the practice.

### GROUP EVENTS/PATIENT ENGAGEMENT

Patient engagement events have been set up by the primary care network and groups of patients have been invited to well woman and well man sessions. The practice has commenced blood pressure monitoring group sessions on a fortnightly basis with the practice partners present. The events consist of a presentation by a GP partner on blood pressure management allowing questions from patients in areas they may have concerns. There is a healthcare assistant present at the session and BP is checked and any outstanding bloods required are also carried out on the day. These sessions have been successful with a good turnout. We have made enquiries with the local church to allow these events on a larger scale. Patients recorded with a previously high BP will be invited accordingly when these are next available (hopefully in the next few weeks).

There was discussion around other areas these events can be held for and suggestions from the group included Diabetes, Asthma, PSA awareness and HRT management.

### **STAFF RECRUITMENT/TRAINING**

There has been additional administrative staff recruited recently:

- Receptionist – to assist with reducing the call queues
- Practice administrator – to assist with reducing the referral processing wait times
- Pharmacy team – to process discharge summaries from hospitals and prescription requests
- Physician associates – PCN recruited staff assigned to the practice 2 days a week
- GP care co-ordinator– PCN staff assigned to contact patient on disease registers to ensure annual checks are in place and appointments booked accordingly.
- Current phlebotomist trained as a healthcare assistant recently – she can now also complete ECGs at the practice.
- Current healthcare assistant recently trained as a GP assistant to assist with completing actions from clinic letters i.e contacting patients to organise tests as requested and coding observations from clinic letters.

There was discussion regarding the role of a physician associate. As taken from [www.healthwatch.co.uk](http://www.healthwatch.co.uk)

### **What are physician associates?**

**Physician associates are healthcare professionals who work under the supervision of a senior doctor, such as a hospital consultant or a GP.**

**They are trained to perform various clinical duties, such as taking medical histories, conducting physical examinations and developing and managing treatment plans.**

It was noted that a patient was recently consulted by a physician associate and was not aware they were not seeing a GP. The importance of introduction and keeping patients informed when booking was noted and will be shared with the team including the physician associates. The wearing of name badges was also raised and this will be prompted to all staff. There was also a request for the prescriptions to be sent without delay to the pharmacy and this will be considered where possible by the GP supervising the physician associate and depending on their availability.

### **GP APPOINTMENTS/WAITING LISTS**

The practice has set up waiting lists with GPs to ensure continuity of care/preference of GP is available to patients for ROUTINE appointments only. There is currently a 2-3 week wait for these appointments and patients are only added to these lists at patient request for a named GP in non-urgent cases.

### **ONLINE CONSULTATION TOOL**

The practice is currently using PATCHs as an online consultation tool however there is discussion to move this to an integrated system using Surgery Connect. Further information will be available to patients once this is set up and the practice website and phone message will be updated on commencement of this service. Surgery Connect will be available via the NHS app and Systmonline login which patients are currently using and therefore will not require a separate login. Posters will be placed in the waiting area to keep patients informed.

The online consultation tool allows the submission of a request for an appointment/sick note/letter/advice. On completion a member of staff will arrange a suitable appointment and generally these requests are processed within 24 hours.

### **SURGERY CONNECT PHONE FEATURES – CALL BACK REQUEST**

The phone system has recently been updated to allow patients the option of an automated call back when they reach the front of the call queue. Patients will be given this option when there are more than 5 patients in the queue or if the queue is greater than 8 minutes.

### **PHARMACY FIRST**

The group were provided Pharmacy First information cards from Jade Pharmacy resources and these were explained to the group. This service is being promoted to patients as they are identified as meeting the criteria to be seen under this scheme. There is no referral required by the practice. We are seeking posters to place in the waiting area as this was raised by the group as an area to increase understanding.

#### [Pharmacy First - getting the most from your pharmacist](#)

Under Pharmacy First, pharmacists can treat and prescribe medicines for seven conditions. These are the conditions, and at what age, you can see the pharmacist about:

- Earache - 1 to 17 years.
- Impetigo - 1 year and over.
- Infected insect bites - 1 year and over.
- Shingles - 18 years and over.
- Sinusitis - 12 years and over.
- Sore throat - 5 years and over.
- Uncomplicated urinary tract infections - women 16-64 years.

Anyone not within these age ranges should see their GP.

There are many other conditions which you can also see your pharmacist about rather than your doctor. These include:

- Aches and pains - such as, back pain, headache and period pain.
- Accidents - such as, sprains, minor cuts, and grazes
- Colds, flu and other infections - such as, cough, congestion, fevers and/or temperature.
- Ear care - such as, ear wax.
- Eye care - such as, conjunctivitis, styes.
- Hay fever - which is not controlled by standard over-the-counter treatments.
- Rashes.
- Skin problems - such as, athlete's foot, cold sores, or mild eczema or psoriasis.
- Stomach aches - such as, constipation, diarrhoea, or indigestion.

These conditions listed above require a referral from the practice. Please speak to reception if you feel this is required.

**PATIENT SURVEY RESULTS**

The national patient results will be published on 10.07.25 and will be shared with the group when available.

**AOB/SUGGESTIONS BY THE GROUP**

- Pharmacist appointments – staff to ensure they use the term practice pharmacist as there was some confusion as to whether the community pharmacist was being referred to during calls.
- Practice to use Accurx tool for reminders for advance appointments.